2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90196 004 ***158.75

DOCUMENT # P02000086453

1. Entity Name
KIDZ KORNER DAY CARE CENTER, INC.

Principal Place of Business	Mailing Address
6700 SW 132 AVE MIAMI, FL 33183	6700 SW 132 AVE MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2067725

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ESTELA
6700 SW 132 AVE
MIAMI, FL 33183

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GONZALEZ, ESTELA
STREET ADDRESS	6700 SW 132 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	VT
NAME	GONZALEZ, EMILIO
STREET ADDRESS	6700 SW 132 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	GONZALEZ, MARLENE
STREET ADDRESS	6700 SW 132 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	CUENCA, CHRISTINA
STREET ADDRESS	13471 SW 68 ST
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Estela ESTELA GONZALEZ PS 4/25/05 (305)385-0371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #